

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Michael J. Lowperthwarte  
#393-156  
CCI  
P.O. Box 5500  
Chillicothe, OH. 45601

A. Signature  
*[Signature]* ☒ Agent ☐ Addressee

B. Received by (Printed Name)  
*DA Smith*

C. Date of Delivery  
*9-19-03*

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number

(Transfer from service label)

7002 0860 0006 5229 4346

PS Form 3811, August 2001  
1101CV620 #21

Domestic Return Receipt

102595-02-M-0835